



# Ready Start Richland Network Coordinated Application- 2020-2021

This application is to be used to apply for all sites.

Have You Applied for CCAP?  Yes  No

\_\_\_\_\_ Date Application Completed

Are You Approved for CCAP?  Yes  No

Are You on the CCAP Waitlist?  Yes  No

**To Be Completed by the Program.** Indicate if child was:

- Enrolled If enrolled, name of Program and Date Enrolled: \_\_\_\_\_
- Placed on Program Waitlist  Placed on Community Waitlist

## Student Information

**Child's Name:** \_\_\_\_\_  
First Middle Initial Last

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_

**Gender:**  Male  Female **Race:**  Caucasian  African American  Other: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Mailing Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Name of Person the child resides with:** \_\_\_\_\_

**Relationship with Child:** \_\_\_\_\_

## Family Income Information

Number of Adults in household: \_\_\_\_\_

Number of Adults contributing to Income: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_

Approved for USDA/CACFP Eligibility Determination

Adult Name:	Employer Name:	Total Income:
Total Family Income:		

Does this child receive Special Education Services? (IEP)  Yes  No

Does this child receive Speech Services? (IEP)  Yes  No

Does this child receive Early Intervention Services? (IFSP)  Yes  No

Has child been referred by Psychological services?  Yes  No

Does the child have a disability?  Yes  No

If Yes, what is the disability? \_\_\_\_\_

Does the child have an SSI?  Yes  No

Does this child have a suspected disability?  Yes  No

If Yes, what is the disability? \_\_\_\_\_

## Program Preferences

**Child's Name:** \_\_\_\_\_  
First
Middle Initial
Last

**Instructions:** Select ONE program from EACH COLUMN in order of preference. Only rank programs for which you are eligible.

Choice 1	Choice 2	Choice 3
Delhi Head Start/ Early Head Start (Head Start)	Delhi Head Start/ Early Head Start (Head Start)	Delhi Head Start/ Early Head Start (Head Start)
Legacy Head Start (Head Start)	Legacy Head Start (Head Start)	Legacy Head Start (Head Start)
Little Feathers Childcare & Preschool (Child Care)	Little Feathers Childcare & Preschool (Child Care)	Little Feathers Childcare & Preschool (Child Care)
Mangham Elementary School (School)	Mangham Elementary School (School)	Mangham Elementary School (School)
Mangham Head Start (Head Start)	Mangham Head Start (Head Start)	Mangham Head Start (Head Start)
Rayville Elementary School (School)	Rayville Elementary School (School)	Rayville Elementary School (School)
Rayville I Head Start (Head Start)	Rayville I Head Start (Head Start)	Rayville I Head Start (Head Start)
Rayville II Head Start (Head Start)	Rayville II Head Start (Head Start)	Rayville II Head Start (Head Start)
Start Elementary School (School)	Start Elementary School (School)	Start Elementary School (School)
Tender Touch Nursery (Child Care)	Tender Touch Nursery (Child Care)	Tender Touch Nursery (Child Care)
Tender Touch Nursery II (Child Care)	Tender Touch Nursery II (Child Care)	Tender Touch Nursery II (Child Care)

\*\*Ranking a program 1<sup>st</sup> or 2<sup>nd</sup> DOES NOT guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences for siblings/residential area.

# Head Start Supplement- This page is ONLY REQUIRED IF Head Start is one of your top three choices.

\*\*\*Answer these questions ONLY if you are applying to Head Start

<b>Teen Parent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homeless in the last year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Person's Role in Household</b> <input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household Member <input type="checkbox"/> Resides outside the home		
<b>Family type</b> <input type="checkbox"/> Two parent family <input type="checkbox"/> Foster family	<input type="checkbox"/> One parent family (mother figure only) <input type="checkbox"/> One parent family (father figure only) <input type="checkbox"/> Other: _____		
<b>Primary Occupational Status (check only one)</b>	<b>Paying Job:</b> <input type="checkbox"/> Full time (more than 34 hrs per week) <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal - non- agricultural <input type="checkbox"/> Seasonal - agricultural <input type="checkbox"/> Employed and in school <b>Other:</b> <input type="checkbox"/> In job training program <input type="checkbox"/> Homemaker <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	<b>In School Full Time and Employed Part Time:</b> <input type="checkbox"/> Towards high school diploma/GED <input type="checkbox"/> Towards trade/business qualification <input type="checkbox"/> Towards college degree <input type="checkbox"/> Other <input type="checkbox"/> In school and employed	<b>Employed Full Time and In School Part Time</b> <input type="checkbox"/> Towards high school diploma/GED <input type="checkbox"/> Towards trade/business qualification <input type="checkbox"/> Towards college degree <input type="checkbox"/> Other <input type="checkbox"/> Employed and in school <b>Highest level of education (check only one)</b> <input type="checkbox"/> No school completed <input type="checkbox"/> Associate degree <input type="checkbox"/> Some K-12 school (no diploma) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> High School graduate/ GED <input type="checkbox"/> Master's degree <input type="checkbox"/> Some college (no degree) <input type="checkbox"/> Doctorate degree
<b>Was the child referred to Head Start?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, by whom:</b> <input type="checkbox"/> Public School System <input type="checkbox"/> Community Agency <input type="checkbox"/> Other: _____		
<b>Income Verification: Staff Only</b>			
<input type="checkbox"/> Individual Tax Form <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> W-2 Form <input type="checkbox"/> Unemployment	<input type="checkbox"/> Pay Stubs <input type="checkbox"/> Written Employer Statement <input type="checkbox"/> Documentation of No Income Staff Signature: _____	

**PDG Birth to 3 Supplement- This page is ONLY REQUIRED IF applying for a PDG Birth to 3 seat.**

\*\*\* Answer these questions ONLY if you are applying for a PDG Birth to 3 seat at Little Feathers or Tender Touch Nursery II

\*\*\*NOTE: Hours of care offered by the PDG Birth to 3 seats are Monday - Friday, 9am to 3pm

<b>PDG Birth to 3 Site of Choice</b>		<input type="checkbox"/> Little Feathers	<input type="checkbox"/> Tender Touch Nursery II
<b>Teen Parent</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homeless in the last year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<b>Person's Role in Household</b>	<input type="checkbox"/> Mother/Mother Figure <input type="checkbox"/> Father/Father Figure <input type="checkbox"/> Household Member <input type="checkbox"/> Resides outside the home
<b>Family type</b>	<input type="checkbox"/> Two parent family <input type="checkbox"/> Foster family	<input type="checkbox"/> One parent family (mother figure only) <input type="checkbox"/> Other: _____	<input type="checkbox"/> One parent family (father figure only)
<b>Primary Occupational Status (check only one)</b>	<b>Paying Job:</b> <input type="checkbox"/> Full time (more than 34 hrs per week) <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal - non- agricultural <input type="checkbox"/> Seasonal - agricultural <input type="checkbox"/> Employed and in school	<b>Other:</b> <input type="checkbox"/> In job training program <input type="checkbox"/> Homemaker <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	
<b>Was the child referred to PDG Birth to 3?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, by whom:</b>	<input type="checkbox"/> Public School System <input type="checkbox"/> Community Agency <input type="checkbox"/> Other: _____
<b>Please Provide the following Documents</b>			
<input type="checkbox"/> Proof of Income	<input type="checkbox"/> Proof of Residence	<input type="checkbox"/> Copy of Child's Birth Certificate	<input type="checkbox"/> Other _____
<input type="checkbox"/> Copy of Parent's or Custodian's Driver's License or State ID	<input type="checkbox"/> Updated Vaccination Record	Staff Signature: _____	

Any questions on the application and submission process for the PDG Birth to 3 please contact Theresa Lawson at [TLawson@childrenscoalition.org](mailto:TLawson@childrenscoalition.org) or (318) 323-8775.

**Additional Information:**

If a child has any siblings currently **attending** any program above, please list below:

Program:

Sibling:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If a child has any siblings currently **applying** to any program above, please list below:

Program:

Sibling:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the participating programs and eligibility?

\_\_\_\_\_

I, the undersigned, understand that only ONE application needs to be filled out for my child, and I hereby give my permission for the information provided here to be shared with the Children’s Coalition for Northeast Louisiana - Lead Agency and programs (the choices I designated above) in the Ready Start Richland Network.

\_\_\_\_\_  
**Print Name of Parent/Guardian:**

\_\_\_\_\_  
**Date of Birth:**

\_\_\_\_\_  
**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date Signed:**